



# IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888

February 14, 2008

Shannon Miller, Administrator  
Seasons at Boise-Seniorcare Turlock/Boise, LLC  
10250 W Smoke Ranch Drive  
Boise, ID 83709

License #: RC-878

Dear Ms. Miller:

On January 18, 2008, a complaint investigation survey was conducted at Seasons at Boise-Seniorcare Turlock/Boise, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Debby Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

DS/sc



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January 30, 2008

CERTIFIED MAIL #: 7005 1160 0000 1506 7977

Shannon Miller, Administrator  
Seasons at Boise-Seniorcare Turlock/Boise, LLC  
10250 West Smoke Ranch Drive  
Boise, ID 83709

Dear Ms. Miller:

Based on the complaint investigation survey conducted by our staff at Seasons at Boise-Seniorcare Turlock/Boise, LLC on **January 18, 2008**, we have determined that the facility failed to protect residents from inadequate care. Based on interview and record review it was determined the facility retained a resident for whom the facility did not have the capability, capacity, and services to provide appropriate care. This resulted in inadequate care for 1 of 1 residents reviewed (#1).

This core issue deficiency substantially limits the capacity of Seasons at Boise-Seniorcare Turlock/Boise, LLC to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **March 3, 2008**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **February 12, 2008**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**February 12, 2008**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **February 12, 2008**, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **February 18, 2008**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Seasons at Boise-Seniorcare Turlock/Boise, LLC.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/sc

Enclosure

c: Lynne Denne, Program Manager, Regional Medicaid Services, Region IV - DHW

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R878</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/18/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEASONS AT BOISE-SENIORCARE TURLOCK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10250 W SMOKE RANCH DRIVE BOISE, ID 83709</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments  The following deficiency was cited during the complaint investigation survey conducted at your residential care/assisted living facility. The surveyors conducting your complaint survey were:  Rachel Corey R.N. Team Coordinator Health Facility Surveyor  Debbie Sholley L.S.W. Health Facility Surveyor  CA = Cancer Da = Daughter ER = Emergency Room LPN = Licensed Practical Nurse MD = Medical Doctor NSA = Negotiated Service Agreement NOC = Nighttime Res = Resident	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care.  The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.  This Rule is not met as evidenced by: Based on interview, and record review it was determined the facility retained a resident for whom the facility did not have the capability, capacity, and services to provide appropriate care. This resulted in inadequate care for 1 of 1 resident reviewed (Resident #1). The findings include:	R 008		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6599

ZOY211

If continuation sheet 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R878	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/18/2008
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R 008	<p>Continued From page 1</p> <p>Resident #1 was admitted to the facility on 2/27/07 with diagnosis that included Type II Diabetes, prostate cancer, hypertension and depression.</p> <p>The NSA dated 7/18/07, documented the resident required moderate assistance with transfers, had frequent falls due to increased weakness and required stand by assistance when using his walker. Further, staff were to encourage the use of the resident's wheelchair due to the resident's unstable ambulation and frequent falls. Additionally, the NSA instructed staff to do hourly checks throughout the night because of the resident's increased risk for falls.</p> <p>Resident #1's record contained a Fax Cover Sheet dated 7/9/07 from the facility's LPN to the resident's physician and documented the following:</p> <p>"(Resident's Name), has had 6 falls since 6/1/07. Out of 6 falls, 4 resulted in ER visits, 1 resulting in admission to hospital. He has been resistant with cares. Refuses physical therapy. Refuses to speak with a social worker. Recently (Resident's Name) has started hallucinating and has been unable to be redirected. Please see observation reports. ... due to the frequent falls and resistant cares (Resident's Name) exceeds our level of care at assisted living. May we please have an order for skilled nursing for safety." The Fax Cover Sheet further documented the resident's falls occurred on; 6/1/07, 6/2/07, 6/6/07, 6/29/07, 7/2/07, and 7/7/07.</p> <p>Progress Notes dated 7/5/07 documented, "Received several observation reports from 7/4/07. Resident is having hallucinations... Resident states a man was in his room draining</p>	R 008			

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R 008	<p>Continued From page 2</p> <p>the blood out of him and blood was all over the floor. Yesterday evening res came out of his room naked was redirected back to his room and assisted with redressing. Second incident of res coming out naked and threatening to kill somebody. 911 was called. ...Staff instructed to monitor resident closely throughout night."</p> <p>A Progress Note dated 7/10/07 documented, "received order from MD to send res to skilled nursing."</p> <p>On 7/11/07 a Progress Note documented, "...Spoke with da (daughter) informed of physician order for skilled nursing home."</p> <p>Further review of the Progress Notes and Incident/Occurrence Reports for Resident #1 documented the resident had the following falls:</p> <p>7/11/07 fall with injury and transport to the ER 7/16/07 the resident fell 3 times with injury and resident refused to go to the ER 7/19/07 fall with no injury 7/20/07 fall and resident refused to go to the ER</p> <p>A Progress Note dated 7/23/07 documented, "Meeting with da this am regarding freq. falls and confusion. Da informed that resident is exceeding level of care and informed of interventions that need to be tried. Interventions include hospice, Res. has Dx of Ca and a Noc time sitter."</p> <p>A document titled Doctor Office Visit dated 7/26/07, documented, "(Resident's Name) has experienced 12 falls since 6/1/07, 5 falls resulting in ER visits for abd., back and left hip pain. Staff has noticed increase weakness in lower extremities. (Resident's Name) has also been having an increase in confusion and</p>	R 008			

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R 008	<p>Continued From page 3</p> <p>hallucinations. He has had a significant decline. May we PLEASE have a hospice order for (Resident's Name)? We have also spoke with da regarding providing a private sitter at noc as that is when the majority of his falls happen."</p> <p>The resident's record contained a physician's order for hospice services dated 7/26/07. Further documentation revealed hospice was initiated on 7/30/07.</p> <p>Further review of the Progress Note for Resident #1, documented the resident fell on 8/11/07, 8/15/07, 8/17/07, 2 falls on 8/18/07 and 8/20/07. A Progress Note dated 9/10/07, documented, "...received report that res was found outside on the ground on the side of the building. Resident had been outside for undetermined amount of time. Last check on res was at 1:45 a.m. res found outside at 2:40 a.m." The Progress Note documented Resident #1 was transferred to a secure facility on 9/12/07.</p> <p>On 1/18/08 at 10:06 a.m., a caregiver stated the resident was always falling out of bed, out of his chair and in his room. She stated the family wanted to keep the resident at the facility even though he needed more supervision. The caregiver also stated because the resident had so many falls the facility did not fill out incident reports on all of them.</p> <p>On 1/18/08 at 1:20 p.m., the LPN stated, "I never told staff not to fill out incident reports but I know there were incidents where reports were not filled out."</p> <p>On 1/18/08 at 11:05 a.m., another caregiver stated a couple of months ago there was an incident when the resident was found on the floor</p>	R 008			

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R 008	<p>Continued From page 4</p> <p>in his shower room. The resident had placed towels over the shower drain to plug it up and water was running onto the floor.</p> <p>On 1/18/08 at 11:35 a.m., another caregiver stated, "The last few months of his life he was falling quite a bit. Maybe 3 to 4 times a week maybe more."</p> <p>On 1/18/08 at 1:20 p.m., the LPN stated when she informed the resident's family about the need to transfer the resident to a skilled nursing facility the family became "really" upset. Therefore, it was agreed the facility would retain the resident if the family provided a night time sitter. However, the family did not provide the sitter as agreed.</p> <p>The facility retained Resident #1 for 66 days after they determined they could not meet his safety needs. The facility retained Resident #1 when he continued to fall and fell with greater frequency resulting in injuries and several ER visits. Additionally, it was documented the resident was not only a danger to himself but also other residents due to frequent hallucinations. This resulted in inadequate care.</p>	R 008			





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January 30, 2008

Shannon Miller, Administrator  
Seasons at Boise-Seniorcare Turlock/Boise, LLC  
10250 West Smoke Ranch Drive  
Boise, ID 83709

Dear Ms. Miller:

On January 18, 2008, a complaint investigation survey was conducted at Seasons at Boise-Seniorcare Turlock/Boise, LLC. The survey was conducted by Rachel Corey, RN and Debra Sholley, LSW. This report outlines the findings of our investigation.

## **Complaint # ID00003370**

**Allegation #1:** The facility did not fill out incident reports each time an identified resident fell.

**Findings:** Based on interview and record review, it was determined a facility did not fill out incident reports each time an identified resident fell.

On January 18, 2008 between 8:00 a.m. and 3:00 p.m., Eight staff members were interviewed. Four out of Eight staff members confirmed incident reports were not always completed each time the identified resident fell.

On January 18, 2008 at 2:20 p.m., the facility licensed practical nurse stated, "I never told staff not to fill incident reports out, but I know there are incidents where reports did not get filled out."

**Conclusion:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.01 for not notifying the administrator of all incidents regarding an identified resident. The facility was required to submit evidence of resolution within 30 days. Additionally, the facility was cited a core deficiency at 16.03.33.520 for maintaining a resident above level of care. The facility was required to submit a plan of correction.

Shannon Miller, Administrator

January 30, 2008

Page 2 of 2

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

DEBBIE SHOLLEY, LSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program  
Debra Sholley, LSW, Health Facility Surveyor



**BUREAU OF FACILITY STANDARDS**  
**P.O. Box 83720**  
**Boise, ID 83720-0036**  
**(208) 334-6626 fax: (208) 364-1888**

## ASSISTED LIVING

### Non-Core Issues

### Punch List

## NON-CORE ISSUES

Response Required Date

Signature of Facility Representative

Date Signed \_\_\_\_\_